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U.S. Petent and Trademark Office; U.S. DEPARTMENT OF COMMERCE Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. **Application or Docket Number** PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875 APPLICATION AS FILED - PART I OTHER THAN SMALL ENTITY OR SMALL ENTITY (Catumn 1) (Column 2) NUMBER EXTRA FOR NUMBER FILED RATE (8) RATE (\$) FEE (\$) FEE (\$) (37 CFR 1.16(e), (b), or (c)) SEARCH FEE (37 CFR 1.1600, (I) or (m)) **EXAMINATION FEE** (37 CFR 1.16(0), (p), or (c0) TOTAL CLAIMS • . (37 CFR 1.18(1)) minus 20 = OR INDEPENDENT CLAIMS X . x . minus 3 · (37 CFR 1.16(h)) If the specification and drawings exceed 100 sheets of paper, the application size fee due APPLICATION SIZE is \$250 (\$125 for small entity) for each (37 CFR 1.16(s)) additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). MULTIPLE DEPENDENT CLAIM PRESENT (97 CFR 1.16(0)) \* If the difference in column 1 is less than zero, enter "0" in column 2. TOTAL TOTAL APPLICATION AS AMENDED - PART II OTHER THAN OR (Column 2) (Column 3) SMALL ENTITY (Column 1) SMALL ENTITY HIGHEST CLAIMS REMAINING NUMBER PRESENT RATE (\$) ADDI-RATE (\$) PREVIOUSLY PAID FOR 106 AFTER **FXTRA** TIONAL TIONAL AMENDMENT FEE (\$) FEE (\$) Total Minus D7 OFR 1,1603 . ENDM Minus Independent (37 GFR 1.1604) . × x = OR Application Size Fee (37 CFR 1.16(s)) FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j)) OR TOTAL TOTAL ADD'L FEE OR ADD'L FEE 3-507 (Column 1) (Catumn 2) (Calumn 3) CLAIMS HIGHEST PRESENT RATE (\$) RATE (\$) REMAINING MI MRER ADDA ADDI.  $\mathbf{\omega}$ AFTER PREVIOUSLY **EXTRA** TIONAL TIONAL PAID FOR FEE (\$) FEE (\$) Total (37 CFR 1.16(0)) Minus 20 OR AMENDM Minus Independent (37 OFR 1, 1604)) 6 = . OR Application Size Fee (37 CFR 1.16(s)) FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(II) OR TOTAL TOTAL OR ADD'L FEE ADD'L FEE \* If the entry in column 1 is tess than the entry in column 2, write "0" in column 3.
\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is tess than 20, enter "20".

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"If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the Individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patient and Tradenark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.